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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 Chapter 11 |
| | Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Mary | First name |
| Write the name that is on | First name G | First name |
| your government-issued picture identification (for example, your driver's | Middle name | Middle name |
| license or passport | Garcia Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | First name | First name |
| have used in the last 8 years | riisi name | riist name |
| Include your married or | Middle name | Middle name |
| maiden names. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX- 4467 | xxx - xx- |
| Security number or federal Individual | OR | OR |
| Taxpayer Identification number | 9 xx - xx- | 9 xx - xx- |

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| Deb | tor 1 Mary First Name | G Garcia Middle Name Last Name | Case number (if known) |
|-------------|---|--|--|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| a | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| 1 | dentification Numbers (EIN) you nave used in the last | Business name | Business name |
| - | B years | Business name | Business name |
| | nclude trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. V | Where you live | | If Debtor 2 lives at a different address: |
| | | 4825 S Racine Ave Apt 1 Number Street | Number Street |
| | | Chicago Illinois 60609 | |
| | | City State Zip Code Cook | City State Zip Code |
| | | County | County |
| | | If your mailing address is different from the one | If Debtor 2's mailing address is different from yours, |
| | | above, fill it in here. Note that the court will send any | fill it in here. Note that the court will send any notices to |
| | | notices to you at this mailing address. | this mailing address. |
| | | Number Street | Number Street |
| | | | |
| | | City State Zip Code | City State Zip Code |
| | Why you are choosing this district | Check one: | Check one: |
| | o file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| De | ebtor 1 Mary | G | | Case number (if knov | vn) |
|----|---|--|---|--|--|
| | First Name | Middle Name | Last Name | | |
| Pa | Tell the Court Abo | ut Your Bankruptcy Cas | se | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | escription of each, see <i>Notice Requ</i> | | |
| 8. | How you will pay the fee | more details about h cashier's check, or m may pay with a credi I need to pay the fee Individuals to Pay You I request that my fee judge may, but is no the official poverty li you choose this opti | now you may pay. Typically, if you money order. If your attorney is so it card or check with a pre-printer ee in installments. If you choose Your Filing Fee in Installments (One be waived (You may request not required to, waive your fee, and ine that applies to your family size. | ou are paying the submitting your ped address. this option, sign fficial Form 103/ this option only d may do so only ze and you are u | |
| 9. | Have you filed for bankruptcy within the last 8 years? | Ves. District District District | When When When | MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| 10 | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District | <u>W</u> hen <u>W</u> hen | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| 11 | Do you rent your residence? | ✓ No. Go to li | rd obtained an eviction judgment ag line 12. Initial Statement About an Eviction ankruptcy petition. | | <i>You</i> (Form 101A) and file it with |

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Garcia Debtor 1 Mary Case number (if known) Middle Name Last Name First Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Mary G Garcia Case number (if known)

First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| The Name These Questions for Reporting Purposes | Debtor 1 Mary First Name | | | e number (if known) | |
|--|---|---|---|--|---|
| 16. What kind of debts do you have? 16. 16. 2. 3. 3. 3. 3. 3. 3. 3 | | | it iname | | |
| Chapter ?? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribution to unsecured creditors? 18. How many creditors do you estimate that you owe? 19. How much do you estimate your assets to be worth? 20. How much do you estimate your liabilities to be? 21. How much do you estimate your assets to be worth? 22. How much do you estimate your assets to be worth? 23. How much do you estimate your assets to be worth? 24. How much do you estimate your assets to be worth? 25. How much do you estimate your assets to be worth? 26. How much do you estimate your assets to be worth? 27. How much do you estimate your assets to be worth? 28. How much do you estimate your assets to be worth? 29. How much do you estimate your liabilities to be? 30.001-\$10,000 \$10,000,001-\$50 million \$50,000,001-\$10 billion \$50,001-\$10 billion \$50,001-\$10 billion \$50,001-\$10 billion \$50,001-\$10 billion \$50,001-\$10 billion \$50,001-\$10 billion \$50,000,001-\$10 billion \$10,000,000,001-\$10 billion \$10,000,000, | 16. What kind of debts do | 16a. Are your debts primarily c "incurred by an individual p No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily b money for a business or inv No. Go to line 16c. Yes. Go to line 17. | orimarily for a personal, fan Business debts? Business Vestment or through the o | nily, or household purpose." debts are debts that you incomperation of the business or in | urred to obtain |
| 50-99 5,001-10,000 50,001-100,000 50,001-100,000 100-199 10,001-25,000 More than 100,000 10,001-25,000 10,000,001-210 million 2500,000,001-210 billion 2500,000,001-210 million 210,000,000,001-250 billion 210,000,000,001-250 billion 250,000-250,000 250,000,001-250 million 2500,000,001-250 billion 2500,001-210 million 2500,000,001-250 million 2500,000,001-250 million 2500,001-210 million 2500,000,001-210 million 2500,001-210 million 2500,001-210 million 2500,001-210 million 2500,001-210 million 2500,000,001-210 million 2500,000,00 | Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to | Yes. I am filing under Chapter 7 expenses are paid that fur | 7. Do you estimate that after a | any exempt property is exclude oute to unsecured creditors? | d and administrative |
| estimate your assets to be worth? \$50,001-\$100,000 | do you estimate that | 50-99 100-199 | 5,001-10,000 | 50,001- | 100,000 |
| estimate you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion \$100,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$50 billion \$100,000,001-\$10 bi | estimate your assets | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 \$50,000,001-\$10 | 0 million | 000,001-\$10 billion 0,000,001-\$50 billion |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | estimate your liabilities to be? | \$50,001-\$100,000 \$100,001-\$500,000 | \$10,000,001-\$50 \$50,000,001-\$10 | 0 million | 000,001-\$10 billion 0,000,001-\$50 billion |
| Executed on Executed on | | correct. If I have chosen to file under Cha of title 11, United States Code. It under Chapter 7. If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 15 | apter 7, I am aware that I munderstand the relief available I did not pay or agree to pred and read the notice requirement, concealing property se can result in fines up to 519, and 3571. | ay proceed, if eligible, under able under each chapter, and ay someone who is not an at uired by 11 U.S.C. § 342(b). nited States Code, specified y, or obtaining money or prop \$250,000, or imprisonment | Chapter 7, 11,12, or 13 d I choose to proceed ctorney to help me fill in this petition. |

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| Debtor 1 Mary | G | Garcia | Case number (i | fknown) | | | | |
|--|---------------------------|---|----------------------------|--|--|--|--|--|
| First Name | Middle Name | Last Name | | | | | | |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12 | , or 13 of title 11, Unite | have informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the | | | | |
| If you are not | debtor(s) the notice requ | uired by 11 U.S.C. § 3 | 342(b) and, in a case in | which § 707(b)(4)(D) applies, certify that I | | | | |
| represented by an | . , | ave no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. | | | | | | |
| attorney, you do not | · · | , , | | · | | | | |
| need to file this page. | /s/ Morsheda Hash | em | Date | 3/14/2018 | | | | |
| | Signature of Attorney | | | MM / DD / YYYY | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Morsheda Hashem | | | | | | | |
| | Printed name | | | | | | | |
| | | | | | | | | |
| | Semrad Law Firm | | | | | | | |
| | Firm name | | | | | | | |
| | 11101 S. Western Ave | enue | | | | | | |
| | Street | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Chicago | | Illinois | 60643 | | | | |
| | City | | State | Zip Code | | | | |
| | | | | | | | | |
| | Contact phone | 3122374973 | Email address | mhashem@semradlaw.com | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Bar number | | State | | | | | |

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| Fill in this information to identify your case: | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|
| Debtor 1 | Mary | G | Garcia | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | |
| (State) | | | | | | |
| Case number | | | | | | |
| (If known) | | | | | | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--|
| 1. Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$5,100.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$5,100.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | • |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$20,563.62 |
| Your total liabilities | \$20,563.62 |
| Part 3: Summarize Your Income and Expenses | |
| | |
| 4 Schedule I: Your Income (Official Form 106I) | \$1,900.00 |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$1,905.00 |

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| | tor 1 Mary | G | Garcia | Case number (if known) | |
|--------------|---|---|--|---|------------|
| | First Name | Middle Name | Last Name | | |
| Part 4 | Answer These Qu | estions for Administrat | ive and Statistical Records | | |
| 6. Ar | re you filing for bankrupto | cy under Chapters 7, 11, o | r 13? | | |
| | _ | report on this part of the fo | rm. Check this box and submit th | is form to the court with your other sch | nedules. |
| <u> </u> | 7 163. | | | | |
| 7. W | hat kind of debt do you h | ave? | | | |
| _ | | | mer debts are those incurred by a fill out lines 8-10 for statistical pur | n individual primarily for a personal, poses. 28 U.S.C. § 159. | |
| | Your debts are not pri this form to the court wi | | ou have nothing to report on this p | part of the form. Check this box and su | bmit |
| | | ur Current Monthly Incom Form 122B Line 11; OR, Fo | e: Copy your total current monthly orm 122C-1 Line 14. | y income from Official | \$1,900.00 |
| 9. | Copy the following speci | al categories of claims fro | om Part 4, line 6 of Schedule E/l | F: | |
| | From Part 4 on Schedule | E/F, copy the following: | | Total claim | |
| | 9a. Domestic support oblig | gations (Copy line 6a.) | | \$0.00 | |
| | 9b. Taxes and certain othe | r debts you owe the governi | ment. (Copy line 6b.) | \$0.00 | |
| | 9c. Claims for death or per | sonal injury while you were i | ntoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. Student loans. (Copy li | ne 6f.) | | \$0.00 | |
| | 9e. Obligations arising out priority claims. (Copy line 6 | | or divorce that you did not report a | \$0.00 | |
| | 9f. Debts to pension or pro | ofit-sharing plans, and other | similar debts. (Copy line 6h.) | \$3,000.00 | |

\$3,000.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this | information to identify your | case: | | | |
|-------------------------------------|--|---|---|---|---|
| Debtor 1 | Mary | G | Garcia | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the | | District of Illinois | | |
| Case num | | . Northon | (State) | | |
| (If known) | | | | | Check if this is an |
| Officia | al Form 106A/B | | | | amended filing |
| Sche | dule A/B: Prop | erty | | | 12/1 |
| category responsib write your | where you think it fits best. le for supplying correct info name and case number (if | Be as complete and accu ormation. If more space is known). Answer every que | sset only once. If an asset fits in more urate as possible. If two married peop needed, attach a separate sheet to estion. Other Real Estate You Own or H | ole are filing together, both a this form. On the top of any a | re equally |
| 1. Do you | ı own or have any legal or | equitable interest in any re | esidence, building, land, or similar p | operty? | |
| ✓ | No. Go to Part 2 | | | | |
| | Yes. Where is the property? | | | | |
| 1.1 | Street address, if available, o | r other description | is the property? Check all that apply. ngle-family home | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> |
| | | <u> </u> | uplex or multi-unit building ondominium or cooperative | Current value of the | Current value of the |
| | | <u> </u> | anufactured or mobile home | entire property? | portion you own? |
| | | La | and | | |
| | Number Street | Inv | vestment property | Describe the nature of interest (such as fee s | |
| | City State | | meshare ther | the entireties, or a life | |
| | , | Who h | nas an interest in the property? Checl | | mmunity property |
| | | one. | ebtor 1 only | Ш | |
| | | <u> </u> | ebtor 2 only | | |
| | | De | ebtor 1 and Debtor 2 only | | |
| | | At | least one of the debtors and another | | |
| | | | information you wish to add about the | nis item, such as local | |
| If you | own or have more than one, | | rty identification number: | | |
| 1.2 | Street address, if available, o | what Sir other description | is the property? Check all that apply. ngle-family home | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. |
| | | Co | uplex or multi-unit building ondominium or cooperative anufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | La | and | | |
| | Number Street | Inv | vestment property | Describe the nature of interest (such as fee s | • |
| | City State | | meshare ther | the entireties, or a life | |
| | only chair | Who h | nas an interest in the property? Checl | | mmunity property |
| | | one. | ebtor 1 only | | |
| | | <u> </u> | ebtor 2 only | | |
| | | | ebtor 1 and Debtor 2 only | | |
| | | <u> </u> | least one of the debtors and another | | |
| | | | information you wish to add about the try identification number: | nis item, such as local | |

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| Debtor 1 | | G Middle Name | Garcia | Case number (if known) | |
|------------|---|------------------------|--|---|--|
| 1.3 | First Name et address, if available, or ot | Middle Name | Garcia Last Name Vhat is the property? Check all that ap Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Do not deduct the amount of a Creditors Who Current value entire propert Describe the r interest (such the entireties, | |
| 2 Add | the dollar value of the no | [[[]] | Who has an interest in the property? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anotice of the debtors and a | her out this item, such as local | |
| | ve attached for Part 1. Wi | - | - | ing any entries for pages | |
| | Describe Your Vehicle | | in any vehicles, whether they are re | gistared or not? Include only | yahida |
| you own th | nat someone else drives. If y ns, trucks, tractors, sport ut | vou lease a vehicle, a | also report it on Schedule G: Executory | - | |
| 3.1 | Make Model: Year: | Chevrolet Tahoe 2001 | Who has an interest in the prope one. Debtor 1 only | the amount of | t secured claims or exemptions. Put f any secured claims on Schedule D: have Claims Secured by Property. |
| | Approximate mileage: Other information: 2001 Chevrolet Tahoe | 126000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions) | | |
| 3.2 | Make Model: Year: | | Who has an interest in the prope one. Debtor 1 only | the amount of | t secured claims or exemptions. Put f any secured claims on Schedule D: have Claims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions) | | |

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| | Mary First Name | G Middle Name | Garcia Last Name | Case numbe | er (if known) | |
|------|---|------------------|--|---|---|--|
| 3.3 | Make Model: Year: | | Who has an interest in the propone. Debtor 1 only | perty? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | • |
| | Approximate mileage: | | Debtor 2 only | | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | | Debtor 1 and Debtor 2 only | | | —————————————————————————————————————— |
| | | | At least one of the debtors an | | | |
| | | | Check if this is community instructions) | property (see | | |
| 3.4 | Make Model: | | Who has an interest in the propone. | erty? Check | Do not deduct secured the amount of any secu | |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | | | At least one of the debtors an | d another | | |
| | | | Check if this is community | property (see | | |
| Exan | | • | instructions) Her recreational vehicles, other vehicles, motoring vessels, snowmobiles, motoring vessels. | • | | |
| Exan | nples: Boats, trailers, motor No Yes Make Model: | • | instructions) Her recreational vehicles, other vehicles, in the propose. Who has an interest in the propose. | orcycle accessori | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> |
| Exan | nples: Boats, trailers, motor No Yes Make | • | instructions) Her recreational vehicles, other vehicles, including the property of the proper | orcycle accessori | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Propen |
| Exan | nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: | • | who has an interest in the propone. Debtor 1 only Debtor 2 only | orcycle accessori | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Proper |
| Exan | nples: Boats, trailers, motor No Yes Make Model: Year: | • | instructions) Her recreational vehicles, other vehicles, fishing vessels, snowmobiles, motive with the propose. Debtor 1 only Debtor 2 only Debtor 2 only | orcycle accessori | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Proper Current value of the |
| Exan | nples: Boats, trailers, motor No Yes Make Model: Year: Approximate mileage: | • | who has an interest in the propone. Debtor 1 only Debtor 2 only | perty? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Proper Current value of the |
| Exan | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: | • | instructions) Her recreational vehicles, other vehicles, in the propose one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and check if this is community instructions) Who has an interest in the propose of the propose of the debtors and the propose of the debtors and the propose of the propose o | perty? Check d another property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured | red claims on Schedule ims Secured by Propentation Year of the portion you own? |
| Exan | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | • | instructions) Her recreational vehicles, other vehicles, in the propose one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and check if this is community instructions) Who has an interest in the propose. | perty? Check d another property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule ims Secured by Property Current value of the portion you own? claims or exemptions. I dred claims on Schedule in S |
| Exan | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | • | instructions) Iter recreational vehicles, other vehicles, fishing vessels, snowmobiles, mote with the propose. Who has an interest in the propose. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and check if this is community instructions) Who has an interest in the propose. Debtor 1 only | perty? Check d another property (see | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classifications | red claims on Schedule ims Secured by Propen Current value of the portion you own? claims or exemptions. I used claims on Schedule ims Secured by Propen |
| Exan | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | instructions) Iter recreational vehicles, other vehicles, in the propose one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions) Who has an interest in the propose. Debtor 1 only Debtor 2 only | perty? Check d another property (see | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule ims Secured by Propert Current value of the portion you own? claims or exemptions. It is claims on Schedule ims Secured by Propert Current value of the |
| Exan | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | • | instructions) Her recreational vehicles, other vehicles, fit, fishing vessels, snowmobiles, motive fit, fishing vessels, snowmobiles, only Debtor 1 only | perty? Check d another property (see | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classifications | red claims on Schedule ims Secured by Propent Current value of the portion you own? claims or exemptions. If the claims on Schedule ims Secured by Propentities. |
| Exan | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | instructions) Iter recreational vehicles, other vehicles, in the propose one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions) Who has an interest in the propose. Debtor 1 only Debtor 2 only | perty? Check d another property (see perty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule ims Secured by Propent Current value of the portion you own? claims or exemptions. It is claims on Schedule ims Secured by Propent Current value of the |

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Garcia Debtor 1 Mary Case number (if known) Last Name First Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Three bedroom sets, living room set, kitchen table \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Cell phone, TV \$500.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc. Costume Jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1800.00 for Part 3. Write that number here

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Garcia Debtor 1 Mary Case number (if known) Last Name First Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$50.00 17.1. Checking account: Chase Liquid 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Dep. | tor 1 Mary First Name | G Middle Name | Last Name | Case number (if known) | |
|------|--|---|---|---|----------|
| 20. | Government and corpo Negotiable instruments i | prate bonds and other negotiab nclude personal checks, cashiers' ents are those you cannot transfer | le and non-negotiable in checks, promissory notes | , and money orders. | |
| | ✓ No Yes. Give specific information about them | Issuer name: | | | |
| 21. | Retirement or pension | accounts | | | |
| | Examples: Interests in IF | RA, ERISA, Keogh, 401(k), 403(b) | , thrift savings accounts, c | r other pension or profit-sharing plans | |
| | No ✓ Yes. List each | Type of account: | Institution name: | | |
| | account separately. | 401(k) or similar plan: | IRA account through price | or employer | \$150.00 |
| | , | Pension plan: | | | |
| | | IRA: | | | _ |
| | | Retirement account: | | | - |
| | | Keogh: Additional account: | | | - |
| | | Additional account: | | | |
| 22. | | prepayments I deposits you have made so that with landlords, prepaid rent, public | | | |
| | Yes | Electric: | - | | _ |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | - | | - |
| | | Prepaid rent: | | | _ |
| | | Telephone: Water: | | | _ |
| | | Rented furniture: | | | |
| | | Other: | | | _ |
| 23. | Annuities (A contract fo | r a periodic payment of money to | you, either for life or for a | number of years) | |
| | ✓ No ☐ Yes | Issuer name and description: | | | |
| | | | | | |
| | | | | | |

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| Debt | or 1 Mary | G | Garcia | Case number (if known) | |
|------|--|---|--|--|--|
| 24. | First Name | Middle Name | Last Name t in a qualified ABLE program, or unc | der a qualified state tuition program | |
| 24. | | 530(b)(1), 529A(b), and 529(b)(1 | | der a quanneu state tuition program. | |
| | ✓ No | | | | |
| | Yes | Institution name and description | . Separately file the records of any intere | ests.11 U.S.C. § 521(c): | |
| | | | | | |
| | | | | | - |
| | | | | | |
| 25. | | able or future interests in proper or your benefit | erty (other than anything listed in lin | e 1), and rights or powers | |
| | √ No | • | | | |
| | Yes. Desc | ribe | | | |
| | _ | | | | |
| 26. | | | rets, and other intellectual property | | |
| | Examples: Inte | ernet domain names, websites, p | roceeds from royalties and licensing agre | eements | |
| | ✓ No | ماند | | | |
| | Yes. Desc | ribe | | | |
| | | | | | |
| 27. | | nchises, and other general intail Iding permits, exclusive licenses, | angibles cooperative association holdings, liquor | r licenses, professional licenses | |
| | ✓ No | | | | |
| | Yes. Desc | ribe | | | |
| | | | | | |
| | | | | | |
| Mor | ney or proper | ty owed to you? | | | Current value of the portion you own? Do not deduct secured |
| | | | | | portion you own? |
| | Tax refunds or | | | | portion you own? Do not deduct secured |
| | Tax refunds on No | wed to you | | Federal: | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds on ✓ No Yes. Give s abou | wed to you specific information t them, including whether | | | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds on No Yes. Give s about your | wed to you specific information | | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 |
| 28. | Tax refunds on ✓ No Yes. Give s about you a and t | specific information t them, including whether already filed the returns he tax years | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds on No Yes. Give s about you a and t | specific information t them, including whether already filed the returns he tax years | ısal support, child support, maintenance | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds on No Yes. Give s about you a and t | specific information t them, including whether already filed the returns he tax years | ısal support, child support, maintenance | State: Local: e, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past | specific information t them, including whether already filed the returns he tax years | isal support, child support, maintenance | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou | isal support, child support, maintenance | State: Local: e, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou | Isal support, child support, maintenance | State: Local: e, divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou | isal support, child support, maintenance | State: Local: e, divorce settlement, property settlemen Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou | Isal support, child support, maintenance | State: Local: e, divorce settlement, property settlemen Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds on No Yes. Give s about you a and t Family suppor Examples: Past No Yes. Give s Other amount | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou | | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past ✓ No Yes. Give s Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou | ayments, disability benefits, sick pay, vac | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past ✓ No Yes. Give s Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years | ayments, disability benefits, sick pay, vac | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds on No Yes. Give s about you a and t Family suppor Examples: Past No Yes. Give s Other amount Examples: Unp Soc | specific information t them, including whether already filed the returns he tax years t due or lump sum alimony, spou specific information s someone owes you aid wages, disability insurance pa | ayments, disability benefits, sick pay, vac | State: Local: Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |

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| Debt | or 1 Mary | G | Garcia | Case number (if known) | |
|--------|---|--|------------------------------|--|--|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance po Examples: Health, disability | | ngs account (HSA); credit, | homeowner's, or renter's insurance | |
| | No Yes. Name the insuran of each policy and list i | ce company | any name: | Beneficiary: | Surrender or refund value |
| 32. | | hat is due you from someo | | cy, or are currently entitled to receive | |
| | property because someone | | as nom a me madrance por | sy, or are currently entitled to receive | |
| | Yes. Describe | | | | |
| 33. | | ies, whether or not you hat byment disputes, insurance of | | a demand for payment | |
| | No Yes. Describe | | | | |
| 34. | Other contingent and unl | iquidated claims of every | nature, including counte | claims of the debtor and rights | |
| | No Yes. Describe | | | | |
| 35. | Any financial assets you | did not already list | | | |
| | ✓ No Yes. Describe | | | | |
| 36. | | I of your entries from Part | | or pages you have attached | \$200.00 |
| Part : | 5: Describe Any Busi | ness-Related Property | You Own or Have an | nterest In. List any real estate in Pa | †1. |
| | | egal or equitable interest | | • | • |
| 37. | No. Go to Part 6. | egal of equitable interest | iii aliy busilless-relateu p | | Current value of the |
| | Yes. Go to line 38. | | | | portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts receivable or c | ommissions you already ea | arned | | |
| | No Yes. Describe | | | | |
| 39. | Office equipment, furnish Examples: Business-related | = ' | ms, printers, copiers, fax m | achines, rugs, telephones, desks, chairs, elec | etronic devices |
| | ✓ No Yes. Describe | | | | |
| | | | | | |

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| Deb | tor 1 Mary | G | Garcia | Case number (if known) | |
|----------|---|---|-------------------------------|------------------------------------|---|
| | First Name | Middle Name | Last Name | | |
| 40. | Machinery, fixtures, eq | uipment, supplies you use | e in business, and tools of | your trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | Tes. Describe | | | | |
| | | | | | |
| 41 | Inventory | | | | |
| 71. | inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 42. | Interests in partnership | s or joint ventures | | | |
| | ✓ No | | | | |
| | | Na | me of entity: | % of ownership: | |
| | Yes. Give specific information about | | | | |
| | them | | | | - |
| | | | | | |
| | | | | _ | |
| | | _ | | | |
| 43. | Customer lists, mailing li | ists, or other compilation | s | | |
| | ✓ No | | | | |
| | | clude personally identifiable | information (as defined in 11 | U.S.C. 8 101(41A))? | |
| | L 100. Do your note into | nado porcorrany idorranasio | mionination (ac acimoa in 11 | 0.0.0. 3 101(1174). | |
| | ☐ No | | | | |
| | Yes. Describ | oe | | | |
| | | | | | · |
| 44. | Any business-related p | roperty you did not alread | ly list | | |
| | | | | | |
| | ✓ No | | | | |
| | Yes. Give specific | | | | |
| | information | _ | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | _ | | | |
| | | _ | | | <u> </u> |
| | | | | | |
| 45. A | | | 5. including any entries for | or pages you have attached | |
| | dd the dollar value of all | of your entries from Part | -, | | |
| for Pa | | = | | | |
| for Pa | art 5. Write that number | here | | | |
| for Pa | art 5. Write that number 6: Describe Any Far | hererm- and Commercial F | ishing-Related Proper | ty You Own or Have an Interest In. | |
| <u> </u> | art 5. Write that number 6: Describe Any Far | here | ishing-Related Proper | | |
| <u> </u> | Describe Any Far If you own or have an ir | rm- and Commercial F | Fishing-Related Proper | | |
| Part | Describe Any Far If you own or have an ir Do you own or have an | rm- and Commercial F | Fishing-Related Proper | ty You Own or Have an Interest In. | Current value of the |
| Part | Describe Any Far If you own or have an in Do you own or have an in No. Go to Part 7. | rm- and Commercial F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? |
| Part | Describe Any Far If you own or have an ir Do you own or have an | rm- and Commercial F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | Describe Any Far If you own or have an in No. Go to Part 7. Yes. Go to line 47. | rm- and Commercial F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? |
| Part | Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. Farm animals | rm- and Commercial F nterest in farmland, list it in Pa y legal or equitable intere | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | Describe Any Far If you own or have an in No. Go to Part 7. Yes. Go to line 47. | rm- and Commercial F nterest in farmland, list it in Pa y legal or equitable intere | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. Farm animals | rm- and Commercial F nterest in farmland, list it in Pa y legal or equitable intere | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. Farm animals Examples: Livestock, por | rm- and Commercial F nterest in farmland, list it in Pa y legal or equitable intere | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | Describe Any Far If you own or have an ir Do you own or have an ir No. Go to Part 7. Yes. Go to line 47. Farm animals Examples: Livestock, por | rm- and Commercial F nterest in farmland, list it in Pa y legal or equitable intere | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |

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| Deb | tor 1 Mary G First Name Middle Na | Garcia | Cas | e number <i>(if known</i>) | |
|--------------|---|------------------------------|-----------------------|---|-------------|
| 40 | | ame Last Name | | | |
| 48. | Crops-either growing or harvested | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equipment, implements, | machinary fixtures and to | ools of trade | | |
| 73. | | , macimiery, natures, and to | ools of trade | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 50. | Farm and fishing supplies, chemicals, and | d feed | | | |
| | .✓ No | | | | |
| | Yes. Describe | | | | |
| | Tes. Describe | | | | |
| | | | | | |
| 51. | Any farm- and commercial fishing-related | d property you did not alrea | dy list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | _ | |
| 52. A | dd the dollar value of all of your entries fro | m Part 6, including any en | ries for pages you ha | ive attached | |
| for Pa | art 6. Write that number here | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part | | | at You Did Not Lis | t Above | |
| 53. | Do you have other property of any kind yo Examples: Season tickets, country club mem | | | | |
| | | Баапр | | | |
| | | | | | |
| | Yes. Give specific information | | | | |
| | | | | | |
| | | | | | |
| | | | | _ | |
| 54. A | dd the dollar value of all of your entries fro | m Part 7. Write that number | er here | | > |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part | 8: List the Totals of Each Part of this | s Form | | | |
| | | | | | |
| 55. I | Part 1: Total real estate, line 2 | | | ▶ | |
| | | | | | |
| 56. [| part 2 total vehicles, line 5 | \$3100 | .00 | | |
| 57. F | art 3: Total personal and household items, | , line 15 \$1800 | .00 | | |
| 58. F | art 4: Total financial assets, line 36 | | | | |
| | | \$200.0 | | | |
| 59.1 | Part 5: Total business-related property, line | e 45 | | | |
| 60. I | Part 6: Total farm- and fishing-related prop | erty, line 52 | | | |
| 61. I | Part 7: Total other property not listed, line | 54 | <u></u> | | |
| 62 . | Fotal personal property. Add lines 56 throug | h 61 | | | |
| ٥٤. | . 5.12. porsonar property. Add intes of thoug | \$5100 | .00 | Copy personal property total | + \$5100.00 |
| | | | | 1 - p p p p p p p p p p p p p p p p p p | |
| | | | | | \$5100.00 |
| 63. T | 'otal of all property on Schedule A/B. Add li | ne 55 + line 62 | | | 1 |

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| | | | Docur | ment Page 20 of | 68 | |
|-------------------------------------|--|--|---|---|--|---|
| Fill i | n this infor | mation to identify your ca | se: | | | |
| | tor 1 | Mary | G | Garcia | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 use, if filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States E | ankruptcy Court for the: | Northern Di | istrict of Illinois | | |
| | e number | | | (State) | | |
| (If kno | own) | | | | | Check if this is an |
| <u>Of</u> | ficial | Form 106C | | | | amended filing |
| Sc | hedul | e C: The Prope | erty You Claim a | s Exempt | | 04/16 |
| as exaddi For state the a tax- unde | kempt. If it | more space is needed, ages, write your name are not property you clair fic dollar amount as e of any applicable statuetirement funds—may that limits the exemption would be limited to | fill out and attach to this part case number (if known) on as exempt, you must seempt. Alternatively, you tory limit. Some exempt y be unlimited in dollar a on to a particular dollar to the applicable statutory. | page as many copies of Page. Specify the amount of the umay claim the full fair man ions—such as those for hamount. However, if you camount and the value of | exemption you earket value of lealth aids, righ laim an exemp | urce, list the property that you claim Page as necessary. On the top of any claim. One way of doing so is to the property being exempted up to its to receive certain benefits, and tion of 100% of fair market value determined to exceed that amount, |
| | | tify the Property You | | | | |
| 1. | | | laiming? <i>Check one only, ev</i> o leral nonbankruptcy exemp | en if your spouse is filing with y | ou. | |
| | | _ | nptions. 11 U.S.C. § 522(b)(2 | | | |
| 2. | | _ | | -/ xempt, fill in the information | below. | |
| | | | • | • • | | |
| | | cription of the property a chedule A/B that lists this | | Amount of the exemption year. Check only one box for each | | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | | | |
| | | rolet Tahoe, 2001, Chevrolet Tahoe | \$3,100.00 | \$2,400.00; \$ 100% of fair market val applicable statutory limit | lue, up to any | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| | living table | n: bedroom sets, room set, kitchen | \$1,000.00 | \$1,000. 100% of fair market val applicable statutory limit | lue, up to any | 735 ILCS 5/12-1001(b) |
| 3. | (Subject to | laiming a homestead exe | emption of more than \$160,3 and every 3 years after that for a | 375? cases filed on or after the date c | of adjustment.) | |
| | | Did you acquire the propert | y covered by the exemption w | ithin 1,215 days before you file | d this case? | |

No Yes

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G Garcia Debtor 1 Mary Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$500.00 description: \checkmark \$500.00 Cell phone, TV 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(a) \$250.00 description: **✓** \$250.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) description: \$50.00 \checkmark \$50.00 Checking account, 100% of fair market value, up to any **Chase Liquid** applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) description: \$50.00 \checkmark \$50.00 Misc. Costume Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 735 ILCS 5/12-1006 Brief \$150.00 description: \$150.00 401(k) or similar plan, 100% of fair market value, up to any IRA account through

applicable statutory limit

prior employer

Line from Schedule A/B:

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| Fill in this | information to identify your o | ase: | | | | |
|---------------|-------------------------------------|-------------------------------|---|---|---|------------------------------------|
| Debtor 1 | Mary | G | Garcia | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if t | First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for the: | Northern | District of Illinois | | | |
| _ | | | (State) | | | |
| Case nur | nber | | | | | |
| ` ' | ial Form 106D | | | I | | Check if this is an amended filing |
| Sche | edule D: Credit | tors Who Ha | ve Claims Secure | ed by Prop | erty | 12/15 |
| more spa | | | le are filing together, both are equant mber the entries, and attach it to t | | | |
| 1. Do | any creditors have claims | secured by your prope | rty? | | | |
| ~ | No. Check this box and sub | mit this form to the court | with your other schedules. You hav | e nothing else to repo | rt on this form. | |
| | Yes. Fill in all of the information | on below. | | | | |
| Part 1: | List All Secured Claims | | | | | |
| for e | | editor has a particular claim | ured claim, list the creditor separately, list the other creditors in Part 2. As ng to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

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| Fill in this inf | ormation to identify your cas | se: | | | |
|---|---|---|--|--|---|
| Debtor 1 | Mary | G | Garcia | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | |
| | | | (State) | | |
| Case numbe | er | | | | |
| | Form 106F/F | | | | Check if this is an amended filing |
| Official | Form 106E/F | | | | |
| Sched | dule E/F: Cred | ditors Who | Have Unsec | ured Claims | 12/15 |
| other party to Form 106A/B claims that a the entries in known). | o any executory contracts (3) and on <i>Schedule G: Exec</i> are listed in <i>Schedule D: Cr</i> | or unexpired leases that utory Contracts and Und editors Who Hold Claims ach the Continuation Pa | t could result in a claim. Al expired Leases (Official For s Secured by Property. If m | lso list executory contracts or rm 106G). Do not include any lore space is needed, copy th | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured ne Part you need, fill it out, number ite your name and case number (if |
| 1. Do any | creditors have priority uns | ecured claims against y | /ou? | | |
| ✓ No | o. Go to Part 2. | | | | |
| Ye | es. | | | | |
| | of your priority unsecured dentify what type of claim it is | claims. If a creditor has n | | red claim list the creditor sena | rately for each claim. For each claim |

Priority

amount

Nonpriority

amount

Total

claim

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| Debto | r 1 Mary First Name | G Middle Nam | Garcia ne Last Name | Case number (if known) | |
|----------|---------------------------------|------------------------------------|---------------------------|---|-------------------|
| Part 2 | | Your NONPRIORITY Uns | | | |
| 3. D | o any creditors | s have nonpriority unsecured | I claims against you? | ne court with your other schedules. | |
| ui If | nsecured claim, | list the creditor separately for e | ach claim. For each claim | er of the creditor who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill out | cluded in Part 1. |
| | | | | | Total claim |
| 4.1 | Babbus, Deme Nonpriority Cre | | | Last 4 digits of account number | \$3,000.00 |
| | 4813 S Racine | Apt. 1 | | When was the debt incurred?n/a | |
| | Number | Street | | As of the date you file, the claim is: Check all that apply. | |
| | - | | | Contingent | |
| | Chicago | Illinois | 60609 | Unliquidated | |
| | City Who incurred | State the debt? Check one. | Zip Code | Disputed | |
| | Debtor 1 o | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 o | only | | Student loans | |
| | Debtor 1 a | and Debtor 2 only | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least on | e of the debtors and another | | Debts to pension or profit-sharing plans, and other similar | |
| | Check if t | his claim relates to a comm | unity debt | debts Other. Specify | |
| | Is the claim s | ubject to offset? | | | |
| | ✓ No | | | | |
| | Yes | | | | |
| 4.2 | | nk c/o Blitt & Gaines PC | | Last 4 digits of account number | \$2,181.62 |
| | Nonpriority Cre 661 GLENN AV | | | When was the debt incurred? n/a | |
| | Number | Street | | As of the date you file, the claim is: Check all that apply. | |
| | | | | Contingent | |
| | M/b oaling | Illinoio | 60090 | Unliquidated | |
| | Wheeling City | Illinois State | Zip Code | Disputed | |
| | Who incurred Debtor 1 o | the debt? Check one. | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 o | • | | Student loans | |
| | 브 | and Debtor 2 only | | Obligations arising out of a separation agreement or | |
| | ш | e of the debtors and another | | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | 브 | | .9. 4.1. | debts | |
| | | this claim relates to a comm | unity debt | Other. Specify 2016-M1-109610 | |
| | No No | ubject to offset? | | | |
| | Yes | | | | |
| 4.3 | | I LLC c/o BLITT & GAINES P (| 2 | | \$0.00 |
| 4.0 | Nonpriority Cre | editor's Name | | Last 4 digits of account number | |
| | 661 GLENN AV Number | Street | | | |
| | | | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | | | | Unliquidated | |
| | Wheeling City | Illinois State | 60090 Zip Code | Disputed | |
| | • | the debt? Check one. | 2.6 0000 | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 o | • | | Student loans | |
| | Debtor 2 o | _ | | Obligations arising out of a separation agreement or | |
| | Debtor 1 a | and Debtor 2 only | | divorce that you did not report as priority claims | |
| | At least on | e of the debtors and another | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if t | his claim relates to a comm | unity debt | Other. Specify 2017-M1-107614 (notice only) | |
| | | ubject to offset? | | _ | |
| | ✓ No | | | | |
| Offic | iYes 106E/F | = | Schedule E/F: Credito | rs Who Have Unsecured Claims | page 2 |

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Debtor 1 Mary G Garcia Case number (if known) Middle Name Last Name First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Check N Go \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name 5160 S Pulaski Rd Ste 111 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60632 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Payday Loan Is the claim subject to offset? No Yes City of Chicago - Parking and red Light Tickets \$900.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department of Revenue - PO Box 88292 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60680 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Parking Tickets $\overline{\mathbf{v}}$ Is the claim subject to offset? **✓** No Yes CONVERGENT OUTSOURCING 4.6 \$399.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1/2017 10750 HAMMERLY BLVD #200 Number Street As of the date you file, the claim is: Check all that apply. Contingent 77043 Houston Texas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only

✓ No

Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

V

Other. Specify

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar

001 Collection; Collecting for

ORIGINAL CREDITOR:

COMCAST

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Debtor 1 Mary Garcia Case number (if known) Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 IL Tollway \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2700 Ogden Ave Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60515 Downers Grove Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Tollway violations Is the claim subject to offset? No Yes Midwest Title Loans \$2,700.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 8300 S Cicero Ave Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Burbank Illinois 60459 Disputed City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Old title loan V Is the claim subject to offset? **✓** No Yes \$960.00 4.9 Peoples Gas Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 200 E. Randolph Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims

✓ No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts

Other. Specify _

Debts to pension or profit-sharing plans, and other similar

Gas Bill

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Debtor 1 Mary G Garcia Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** PORTFOLIO RC 4.10 \$520.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11/2016 120 Corporate Boulevard Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 23502 Norfolk Virginia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for **|** • | **ORIGINAL CREDITOR: 08** Is the claim subject to offset? CAPITAL ONE BANK USA N A; ◪ No Other. Specify 2017-M1-105688 Yes State Farm Auto Claim Central. \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2702 Ireland Grove Rd. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Bloomington Illinois 61702 Disputed State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Uninsured auto accident Is the claim subject to offset? **✓** No Yes SWIFT FNDS 4.12 \$584.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/2017 PO Box 239 Number As of the date you file, the claim is: Check all that apply. Contingent Palos Verdes California 90274 Unliquidated Peninsula City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for |✓| ORIGINAL CREDITOR: 01 BLAST Is the claim subject to offset? Other. Specify FITNESS MEMBERS

✓ No

Yes

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Garcia Debtor 1 Mary G Case number (if known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 \$480.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1405 Xenium Ln N Ste 180 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated <u>Minnea</u>polis Minnesota 55441 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Bank NSF Fees Other. Specify ___ Is the claim subject to offset? No $\overline{}$ Yes TD BANK USA/TARGETCRED \$639.00 Last 4 digits of account number 7515 Nonpriority Creditor's Name When was the debt incurred? 6/2013 PO BOX 673 Number Street As of the date you file, the claim is: Check all that apply. Contingent MINNEAPOLIS Minnesota 55440 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset?

✓ No Yes Case 18-07367 Doc 1 Filed 03/14/18 Entered 03/14/18 13:15:39 Desc Main Document Page 29 of 68

Debtor 1 Mary G Garcia Case number (if known) Last Name First Name List Others to Be Notified About a Debt That You Already Listed Part 3: Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Blatt Hasenmille Leibsker Name On which entry in Part 1 or Part 2 did you list the original creditor? 10 S Lasalle, Ste 2200 Line 4.10 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Chicago Illinois 60603 Last 4 digits of account number 3702 City State Zip Code HARRIS & HARRIS LTD On which entry in Part 1 or Part 2 did you list the original creditor? Name 111 W JACKSON BLVD S-400 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured CHICAGO Illinois 60604 Last 4 digits of account number City State Zip Code IL Secretary of State On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check 2701 S. Dirksen Parkway Line 4.11 Part 1: Creditors with Priority Unsecured Claims Street one): Number Part 2: Creditors with Nonpriority Unsecured Springfield Illinois 62723 Last 4 digits of account number City State Zip Code State Farm On which entry in Part 1 or Part 2 did you list the original creditor? c/o Dennis A. Brebner and Associates Line 4.11 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Waukegan

City

Illinois

State

60085

Zip Code

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Debtor 1 Mary G Garcia Case number (if known)
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

| Part 4: Add th | ne Amounts for Each Type of Unsecured Claim | | | | | |
|-----------------------------|--|-----|--------------|--|--|--|
| | Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. | | | | | |
| | | | Total claims | | | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | | | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$0.00 | | | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | | | | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 | | | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 | | | |
| | | | Total claims | | | |
| Total claims | 6f. Student loans | 6f. | \$0.00 | | | |
| nom rait 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$3,000.00 | | | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$17,563.62 | | | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$20,563.62 | | | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1 | Mary | G | Garcia | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | | | | | |
| Case number (If known) | | | (2) | | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or comp | any with whom you have | the contract or lease | State what the contract or lease is for |
|-----|---|------------------------|-----------------------|---|
| 2.1 | Rayes, Carolina Name 4825 S Racine Ave Apt 1 | | | Residential Lease, Debtor is Lessee, Month-to-Month Residential Lease |
| | Number | Street | | |
| | Chicago | Illinois | 60609 | |
| | City | State | Zip Code | |

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| | | 20 | ournoine rage | 3 02 01 00 | | |
|--------------------------------------|--------------------------|--|---------------------------|------------------|-------------------------|--------------------------------------|
| Fill in this info | rmation to identify your | case: | | | | |
| Debtor 1 | Mary | G | Garcia | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the | e: Northern | District of Illinois | | | |
| omiou otatoo | zamapio, court ioi an | | (State) | | | |
| Case number (If known) | | | | | | |
| | | | | | | Check if this is an |
| O.C 1 | T 40011 | | | | | amended filing |
| Official | Form 106H | | | | | |
| Schedul | e H: Your Co | debtors | | | | 12/15 |
| 1. Do you have No Yes 2. Within the | e last 8 years, have yo | you are filing a joint case, do u lived in a community pro exico, Puerto Rico, Texas, W | perty state or territory? | ? (Community pro | operty states and terri | itories include Arizona, California, |
| | Go to line 3. | oxido, radito riloo, roxad, vi | aomington, and Wicconsi | ••• | | |
| Yes | . Did your spouse, forr | ner spouse, or legal equiva | lent live with you at the | time? | | |
| | No | | | | | |
| | Yes. In which commu | nity state or territory did you | ı live? | Fill in the nam | ne and current addre | ss of that person. |
| | Name of your spouse | , former spouse, or legal equ | ivalent | | | |
| | Number Street | | | | | |
| | City | State | Zip Co | de | | |
| again as | a codebtor only if that | ebtors. Do not include you person is a guarantor or c 6E/F), or Schedule G (Offici | osigner. Make sure you | have listed the | creditor on Schedu | |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this ir | nformation to identify | your case: | | | | | |
|-----------------------------------|--|--|-------------------|-----------------|---------|----------|--|
| Debtor 1 Debtor 2 | Mary First Name | G Middle Name | Garcia Last N | | | Che | ock if this is: |
| | g) First Name | Middle Name | Last N | ame | | | An amended filing |
| United States the: Case number | s Bankruptcy Court for | Northern | _ District of III | inois State) | , | | A supplement showing post-petition chapter 13 expenses as of the following date: |
| (If known) | - | | | | | | MM / DD / YYYY |
| Official | Form 106I | | | | | | |
| Schedu | ıle I: Your In | come | | | | | 12/1 |
| spouse. If m number (if k | | , attach a separate she y question. | | | - | - | not include information about your fonal pages, write your name and case |
| Fill in yo informat | ur employment | | Debtor 1 | | | | Debtor 2 |
| If you ha | ve more than one job, separate page with on about additional | Employment status Occupation | Emplo | • | red | | Employed Not Employed |
| • | art time, seasonal, or oyed work. | Employer's name | | | | | |
| • | on may include student maker, if it applies. | Employer's address | Number St | reet | | | Number Street |
| | | How long amployed | City | | State | Zip Code | City State Zip Code |
| | | How long employed there? | | | | | |
| Part 2: Gi | ive Details About N | Nonthly Income | | | | | |
| Estimate n | ess you are separated. | | | | | - | vrite \$0 in the space. Include your non-filing or that person on the lines below. If you need |
| | e, attach a separate she | | | | For Del | | For Debtor 2 or |
| | | ary, and commissions (befo , calculate what the monthly | | 2. | | \$0.00 | non-filing spouse |
| 3. Estima | te and list monthly over | time pay. | | 3. | | + \$0.00 | |
| 4. Calcul | ate gross income. Add li | ne 2 + line 3. | | 4. | | \$0.00 | |

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| Dec | otor 1Mary First Name | | Garcia Last Name | | Case number | | | |
|---------------------|--|--|---------------------|--------|------------------------|-----------------------------------|-------|-------------------------|
| | riist Name | Mildule Name L | Last Name | | For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| С | opy line 4 here | | → 4 | | \$0.00 | | | |
| | ist all payroll deduc | | | | | | | |
| | | nd Social Security deductions | 5 | a. | \$0.00 | | | |
| 5 | b. Mandatory contr | ibutions for retirement plans | 5 | b. | \$0.00 | | | |
| 5 | ic. Voluntary contrib | outions for retirement plans | 5 | C. | \$0.00 | | | |
| 5 | id. Required repaym | ents of retirement fund loans | 5 | d. | \$0.00 | | | |
| 5 | e. Insurance | | 5 | e. | \$0.00 | | | |
| 5 | f. Domestic support | t obligations | 5 | f. | \$0.00 | | | |
| 5 | g. Union dues | | 5 | g. | \$0.00 | | | |
| 5 | h. Other deduction | s. Specify: | _ 5 | h. + | \$0.00 + | | | |
| 6. A +5h. | | ctions. Add lines 5a + 5b + 5c + 5d + 5e +5f | f + 5g 6 | | \$0.00 | | | |
| 7. C | alculate total mont | hly take-home pay. Subtract line 6 from line | e 4. | - | \$0.00 | | | |
| 8. L i | ist all other income | regularly received: | | | | | | |
| 8 | business, profess | - | | | | | | |
| | gross receipts, ord | t for each property and business showing linary and necessary business expenses, and | | | | | | |
| | the total monthly r | | | a. | \$0.00 | | | |
| | b. Interest and divid | | | b. | \$0.00 | | | |
| 8 | dependent regula | - | | | | | | |
| | | pousal support, child support, maintenance, and property settlement. | | c. | \$1,200.00 | | | |
| 8 | d. Unemployment c | ompensation | 8 | d. | \$0.00 | | | |
| 8 | e. Social Security | | 8 | e. | \$0.00 | | | |
| 8 | Include cash assist | at assistance that you regularly receive tance and the value (if known) of any non- at you receive, such as food stamps (benefits tental Nutrition Assistance Program) or | | f. | <u>\$700.00</u> | | | |
| 8 | g. Pension or retire | ment income | 8 | g. | \$0.00 | | | |
| 8 | h. Other monthly in | come. Specify: | 8 | h. + | \$0.00 + | | | |
| 9. A | dd all other income | Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + | ⊦8h. 9 | . [| \$1,900.00 | | | |
| | • | ncome. Add line 7 + line 9. 10 for Debtor 1 and Debtor 2 or non-filing sp | | 0. | \$1,900.00 + | | = | \$1,900.00 |
| lı fı | nclude contributions i riends or relatives. | lar contributions to the expenses that you from an unmarried partner, members of your nounts already included in lines 2-10 or amou | household, | your | dependents, your roomn | | | |
| | Specify: | | | | , , , , , , , | | 11. + | \$0.00 |
| _ | | | | | | | | |
| | | the last column of line 10 to the amount in the Summary of Schedules and Statistical Sur | | | | | 12. | \$1,900.00 |
| | | | | | | | | Combined monthly income |
| 13. I | Do you expect an in | crease or decrease within the year after y | you file this | s form | ? | | | |
| | ≚ | | | | | | | |
| L | Yes. Explain: | | | | | | | |

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| Fill in this infor | mation to identif | y your case: | | | | |
|---------------------------------|---|---|-----------------------------------|-------------------|--------------------------------------|-------------|
| Debtor 1 | Mary | G | Garcia | | | |
| | First Name | Middle Name | Last Name | Check if this is: | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | An amended fili | ng | |
| United States E | Bankruptcy Court | for the: Northern [| District of Illinois (State) | | howing post-pet the following dat | • |
| Case number (If known) | | | (Oldio) | MM / DD / YYY | <u></u> | |
| Official | Form 10 | 6J | | | | |
| Schedul | e J: Your | Expenses | | | | 12/15 |
| | | as possible. If two married people ar eeded, attach another sheet to this | | | | number |
| | wer every quest | | | | | |
| | cribe Your Ho | usehold | | | | |
| 1. Is this a joi | nt case? | | | | | |
| ✓ No. Go | to line 2 | | | | | |
| Yes. D | oes Debtor 2 live | e in a separate household? | | | | |
| | No | | | | | |
| | Yes. Debtor 2 | must file Official Forms 106J-2, Expen | ses for Separate Household of Deb | tor 2. | | |
| 2. Do you hav | e dependents? | No | | | | |
| Do not list D | Debtor 1 and | Yes. Fill out this information for | Dependent's relationship to | Dependent's | Does depend | dent live |
| Debtor 2. | | each dependent | Debtor 1 or Debtor 2 | age | with you? | |
| | | | Child | 19 years | ☐ No. ✓ Yes. | |
| | | | Child | 12 years | No. | |
| | | | | | ✓ Yes. | |
| | | | Child | 10 years | ☐ No. ✓ Yes. | |
| | | | Child | 7 years | ✓ Yes. No. | |
| | | | | | ✓ Yes. | |
| | penses include f people other | ✓ No | | | | |
| than | | Yes | | | | |
| yourself and dependents | - | □ ··· | | | | |
| Part 2: Esti | mate Your On | going Monthly Expenses | | | | |
| - | of a date after th | your bankruptcy filing date unless y ee bankruptcy is filed. If this is a sup | | | | |
| Include exper | nses paid for wit | h non-cash government assistance i luded it on Sc <i>hedule I: Your Income</i> | - | | V | NUK OVDODOG |
| 4. The renta | l or home owner | ship expenses for your residence. In | ` , | | | s600.00 |
| - | or the ground or le luded in line 4: | OL. 4. | | | 4. | |
| | state taxes | | | | 4a | \$0.00 |
| 4b. Prope | rty, homeowner's | , or renter's insurance | | | 4b. | \$0.00 |
| 4c. Home | maintenance, rep | pair, and upkeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

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Debtor 1 Mary G Garcia Case number (if known)
First Name Middle Name Last Name

| 5. Additional mortgage payments for your residence, such as home equity loans 5. \$0.00 6. Utilities: 6 \$0.00 6. Utilities: 6 \$150.00 6. Water, sever, garbage collection 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 6. Chelephone, coll phone, Internet, satellite, and cable services 6 \$0.00 7. Coltring, laundry, and dry cleaning 8 \$0.00 10. Declaring laundry, and dry cleaning 9 \$10.00 11. Medical and dental sevenese 11 \$0.00 12. Transportation, Include age, mainternance, bus or train fave. \$0.00 13. Entertainment, clubs, recreation, ne | First Name | Middle Name Last Name | | |
|---|----------------------------------|---|-----------|---------------|
| 6. Ullities 6a. \$150.00 6b. Electricity, heat, natural gas 6a. \$100.00 6b. Water, sewer, garbage collection 6b. \$0.00 6b. Catelphone, cell phone, Internet, satellite, and cable services 6c. \$100.00 6c. Chiledzone, cell phone, Internet, satellite, and cable services 6c. \$100.00 6c. Chiledzone and children's education costs 8. \$0.00 9. Clothing, Isundry, and dry cleaning 9. \$125.00 10. Personal care products and services 10. \$70.00 10. Personal care products and services 11. \$0.00 11. Medical and cental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fure. 12. \$100.00 Do not include car payments 12. \$100.00 14. Charitable contributions and religious donations 13. \$0.00 15. Instrationment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 15. Instration insurance 15a \$0.00 15. Life insurance 15a \$0.00 15. Instration insurance deducted from your pay or included in lines 4 or 20. \$0.00 15. Vehicle insurance 15c \$0.00 15. Vehicle insurance 15c | | | | Your expenses |
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| 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$100,00 6d. Other, Specify: 6c. \$100,00 7. Food and housekceping supplies 7. \$700,00 8. Childcare and children's education costs 8. \$0.00 9. Citothing, laundry, and dry cleaning 9. \$125,00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$100,00 10. Do not include care payements 13. \$0.00 14. Charitable contributions and religious donations 13. \$0.00 15. Insurance 15 \$0.00 15a. Life insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance. Specify: 15a \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$psecify: <td>6. Utilities:</td> <td></td> <td></td> <td></td> | 6. Utilities: | | | |
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| 6d. Other. Specify 6d \$0.00 7. Food and housekeeping supplies 7. \$70.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 10. \$77.00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$10.00 10. Include car payments 13. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. \$0.00 15. Insurance. 15 \$0.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15 \$0.00 15b. Health insurance 15 \$0.00 15c. Uehicle insurance. Specify: 15 \$0.00 15c. Uehicle insurance. Specify: 16 \$0.00 15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17. Installment or lease payments: 17a \$0.00 | 6b. Water, sewer, garbage co | ollection | 6b. | \$0.00 |
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| 10. Personal care products and services 10. \$70.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$10.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15a. Life insurance 15a \$0.00< | 8. Childcare and children's ed | lucation costs | 8. | \$0.00 |
| 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$10.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15b. Health insurance 15b. We shide insurance 15c. Vehicle insurance | 9. Clothing, laundry, and dry | eleaning | 9. | \$125.00 |
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| 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$60.00 15c. Vehicle insurance. Specify: 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17. Installment or lease payments: 16 \$0.00 17. Installment or lease payments: 17a \$0.00 17. Car payments for Vehicle 1 17a \$0.00 17. Cat payments for Vehicle 2 17b \$0.00 17. Cother. Specify: 17c \$0.00 17. Other. Specify: 17c \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 <td>-</td> <td></td> <td>12.</td> <td>\$100.00</td> | - | | 12. | \$100.00 |
| 15. Insurance. | 13. Entertainment, clubs, rec | reation, newspapers, magazines, and books | 13. | \$0.00 |
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| 15b Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$60.00 15d. Other insurance. Specify: | | ducted from your pay or included in lines 4 or 20. | | |
| 15c. Vehicle insurance | 15a. Life insurance | | 15a | \$0.00 |
| 15d. Other insurance. Specify: | 15b. Health insurance | | 15b | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 15c. Vehicle insurance | | 15c | \$60.00 |
| Specify: | 15d. Other insurance. Specif | y: | 15d | \$0.00 |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$0.00 17b. Car payments for Vehicle 2 17b. \$0.00 17c. Other. Specify: 17c. \$0.00 17d. Other. Specify: 17d. \$0.00 17d. Other. Specify: 17d. \$0.00 17d. Other. Specify: 17d. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$0.00 \$0.00 20b. Real estate taxes. 20b. \$0.00 20b. Real estate taxes. 20b. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 \$0.00 20d. \$0 | 16. Taxes. Do not include taxes | deducted from your pay or included in lines 4 or 20. | | |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | Specify: | | 16 | \$0.00 |
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| 17c. Other. Specify: 17d. Other. Specify: 17d. S0.00 17d. Other. Specify: 17d. S0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 17a. Car payments for Vehic | e 1 | 17a | \$0.00 |
| 17d. Other. Specify: | 17b. Car payments for Vehic | le 2 | 17b | \$0.00 |
| 17d. Other. Specify: | 17c. Other. Specify: | | 17c | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20c \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | | | | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20c \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | | | cted from | \$0.00 |
| Specify: | , , , | , | 18. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | | to support others who do not live with you. | 10 | Ф0.00 |
| 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | ses not included in lines 4 or 5 of this form or on Schedule I: | | |
| 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. Maintenance, repair, and upkeep expenses. | | | | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | | | | |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 20c. Property, homeowner's | , or renter's insurance | | |
| | 20d. Maintenance, repair, an | d upkeep expenses. | | |
| | 20e. Homeowner's associati | on or condominium dues | | |

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| Debtor 1 Mary | | G | Garcia | Case number (if known) | | |
|---------------|--------------------------|--------------------------|--|------------------------|------------|------------|
| First N | lame | Middle Name | Last Name | | | |
| 21.Other. Spe | cify: | | | | 21 | \$0.00 |
| | | | | | | |
| | your monthly expens | es. | | | | \$1,905.00 |
| | nes 4 through 21. | | | | | \$0.00 |
| | line 22 (monthly expen | | | \$1,905.00 | | |
| 22c. Add lir | ne 22a and 22b. The re | sult is your monthly exp | | 22. | | |
| 23. Calculate | your monthly net inco | ome. | | | | |
| 23a. Copy | line 12 (your combined | monthly income) from | | 23a | \$1,900.00 | |
| 23b. Copy | your monthly expenses | s from line 22 above. | | | 23b | \$1,905.00 |
| | | ses from your monthly i | ncome. | | | (\$5.00) |
| The re | esult is your monthly ne | et income. | | | 23c | |
| | | | oan within the year or do yo nodification to the terms of | | | |
| | 2.50. | | | | | |

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| Fill in this infor | mation to identify your c | ase: | | |
|------------------------|---------------------------|-------------|------------------------------|--|
| Debtor 1 | Mary | G | Garcia | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | (2) | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below | |
|-----|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to h | nelp you fill out bankruptcy forms? |
| | ☑ No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and |
| | that they are true and correct. | |
| × | /s/ Mary Garcia | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 3/14/2018 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| Fill in this | information to identify | your case: | | | | | |
|----------------------------|--|---|---|--------------------|-------------|-----------------|------------------------------------|
| Debtor 1 | Mary First Name | G Middle | Garcia Name Last Nan | ne | | | |
| Debtor 2 (Spouse, if fi | ling) First Name | Middle | Name Last Nan | ne | | | |
| United Sta | ates Bankruptcy Court fo | | District of Illino | | | | |
| Case num | nber | | (Sta | te) | | | |
| | al Form 107 | 7 | | | | | Check if this is an amended filing |
| | | _ | for Individuals | Filing fo | r Bankru | ıntev | 04/16 |
| Be as cor | mplete and accurate | as possible. If two n needed, attach a sep | narried people are filing parate sheet to this form | together, both | are equally | responsible for | supplying correct |
| Part 1: | Give Details About | Your Marital Status | and Where You Lived | Before | | | |
| 1. Wh | at is your current mari | tal status? | | | | | |
| □ | Married Not married | | | | | | |
| 2. Dui | ring the last 3 years, h | ave you lived anywhe | re other than where you li | ve now? | | | |
| □ | No Yes. List all of the place | ces you lived in the la | st 3 years. Do not include | where you live ı | now. | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | 4813 S Racine Apt. 1 Number Street | | From | Number Stre | et | | From |
| | | | То | | | | То |
| | Chicago Illino City State | | | City | State | Zip Code | |
| | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | Number Street | | From | Number Stre | eet | | From |
| | City State | Zip Code | | City | State | Zip Code | |
| and t | <i>territories</i> include Arizona No | , California, Idaho, Lou | pouse or legal equivalent isiana, Nevada, New Mexico Codebtors (Official Form | o, Puerto Rico, Te | | | |

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Garcia

| | Case number (if known) |
|--|---|
| First Name Middle Name Last Name | |
| 2: Explain the Sources of Your Income | |
| Did you have any income from employment or from operating a business du Fill in the total amount of income you received from all jobs and all businesses, in activities. If you are filling a joint case and you have income that you receive togeth No | cluding part-time |
| Yes. Fill in the details. | |
| Debtor 1 | Debtor 2 |
| | income Sources of income Check all that apply. (before deductions and ons) |
| From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips Operating a business | Wages, commissions, bonuses, tips Operating a business |
| For last calendar year: (January 1 to December 31, 2017) YYYY Wages, commissions, bonuses, tips Operating a business | Wages, commissions, bonuses, tips Operating a business |
| For the calendar year before that: (January 1 to December 31, 2016) YYYY Wages, commissions, bonuses, tips Operating a business | Wages, commissions, bonuses, tips Operating a business |
| | |
| public benefit payments; pensions; rental income; interest; dividends; money colle filling a joint case and you have income that you received together, list it only once List each source and the gross income from each source separately. Do not include No | come are alimony; child support; Social Security, unemployment, and oth- ected from lawsuits; royalties; and gambling and lottery winnings. If you are under Debtor 1. |
| Include income regardless of whether that income is taxable. Examples of other income public benefit payments; pensions; rental income; interest; dividends; money colle filing a joint case and you have income that you received together, list it only once List each source and the gross income from each source separately. Do not include No Yes. Fill in the details. | come are alimony; child support; Social Security, unemployment, and othe ected from lawsuits; royalties; and gambling and lottery winnings. If you are under Debtor 1. |
| public benefit payments; pensions; rental income; interest; dividends; money colle filing a joint case and you have income that you received together, list it only once List each source and the gross income from each source separately. Do not include No Yes. Fill in the details. Debtor 1 Sources of income Describe below. Gros each (befo | come are alimony; child support; Social Security, unemployment, and othe ceted from lawsuits; royalties; and gambling and lottery winnings. If you are under Debtor 1. de income that you listed in line 4. Debtor 2 |
| public benefit payments; pensions; rental income; interest; dividends; money colle filing a joint case and you have income that you received together, list it only once List each source and the gross income from each source separately. Do not include the line of the lin | come are alimony; child support; Social Security, unemployment, and othe ceted from lawsuits; royalties; and gambling and lottery winnings. If you are under Debtor 1. de income that you listed in line 4. Debtor 2 Sources of income Describe below. Gross income from each source (before deductions |
| public benefit payments; pensions; rental income; interest; dividends; money colle filing a joint case and you have income that you received together, list it only once List each source and the gross income from each source separately. Do not include No No Yes. Fill in the details. Debtor 1 Sources of income Describe below. Grose each (beforexclusted and the gross income describe below). From January 1 of current year until the date you filed for bankruptcy: Est. YTD Child Support Income Est. YTD LINK 2017 Tax Refund Est. Child Support Income Sources of income describe below. | Debtor 2 Ses income from a source are deductions and asions) \$2,700.00 |
| public benefit payments; pensions; rental income; interest; dividends; money colle filling a joint case and you have income that you received together, list it only once List each source and the gross income from each source separately. Do not include No No Yes. Fill in the details. Debtor 1 | Debtor 2 Si income from a source are deductions and asions) Sources of income per deductions and asions) Source deductions and asions) |

Debtor 1 Mary

G

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Garcia Debtor 1 Mary Case number (if known) Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors Other

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| tor 1 Ma | ary | | G | Gard | cia | Case number | (if known) |
|-----------------------------------|--|---|--|---|---|---|---|
| Firs | st Name | | Middle Name | Last | Name | | |
| Insiders corporat agent, ir | include your tions of which ncluding one child suppor | relatives; an you are an for a busine | y general partners officer, director, p ess you operate as | s; relatives of any goerson in control, o | eneral partners; part or owner of 20% or | nerships of which y more of their voting | who was an insider? You are a general partner; You securities; and any managing Homestic support obligations, |
| Ľ | s. List all pay | ments to a | n insider. | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insi | ider's Name | | | | | | |
| Nun | mber Street | | | | | | |
| City | , | State | Zip Code | | | | |
| Insi | ider's Name | | | | | | |
| Nun | mber Street | | | | | | |
| City | 1 | State | Zip Code | | | | |
| insider? Include i | payments on | debts guara | or bankruptcy, or anteed or cosigne benefited an insi | d by an insider. ider. Dates of | Total amount | Amount you | n account of a debt that benefited an Reason for this payment |
| | | | | payment | paid | still owe | Include creditor's name |
| Insid | ider's Name | | | | | | |
| Nun | mber Street | | | | | | |
| City | , | State | Zip Code | | | | |
| Insid | ider's Name | | | | | | |
| Nun | mber Street | | | | | | |
| | | | | | | | |
| City | / | State | Zip Code | | | | |

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| Deb | tor 1 | Mary First Name | G Middle Name | Garcia Last Name | Cas | se number (if kno | wn) | |
|------|--------|--|---|---------------------------------|--|-------------------------------|-----------------------------|--|
| Part | 4: | Identify Legal Act | ions, Repossessions, ar | nd Foreclosures | | | | |
| | List a | | filed for bankruptcy, were y ing personal injury cases, sm | | | | | ding? or custody modifications, and |
| | | No Yes. Fill in the details | | | | | | |
| | · | | | re of the case | Court or ag | ency | | Status of the case |
| | | Case title Case number 2017-M1-105688 | Cont | ract | Circuit Court Court Name 5600 Old Ol NumberStree Skokie City | rchard Road et Illinois | y, Illinois 60077 Zip Code | Pending On appeal Concluded |
| | | Case title | Cont | ract | - | t of Cook Count | • | Pending |
| | | Case number 2016-M1-109610 | | | 5600 Old Ol NumberStree Skokie City | et Illinois | 60077 Zip Code | Concluded |
| | | Yes. Fill in the inform | nation below. | Describe the prop | erty | | Date | Value of the property |
| | | Creditor's Name | | Explain what happ | oned | | | <u> </u> |
| | | Number Street | | _ | | | | |
| | | | | Property was re Property was fo | preclosed. | | | |
| | | City S | State Zip Code | | ttached, seized, o | r levied. | | |
| | | | | Describe the prop | erty | | Date | Value of the property |
| | | Creditor's Name | | Explain what happ | pened | | | <u> </u> |
| | | Number Street | | Property was re | | | | |
| | | | | Property was fo | preclosed. | | | |
| | | City | State Zip Code | | amsned. ttached, seized, o | r levied. | | |

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| Debt | | Mary First Name | G Middle Name | Garcia Last Name | Case number (if known) | | |
|------|----------|---|----------------------|-----------------------------|-------------------------------|--------------------------|--------------------|
| 11. | | hin 90 days before you filed fo counts or refuse to make a pay | | | ank or financial institution, | set off any amou | nts from your |
| | Ħ | Yes. Fill in the details. | | | | | |
| | | | | Describe the action the | e creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | - | | Last 4 digits of account r | number: XXXX- | | |
| | | City State | Zip Code | | | | |
| | | hin 1 year before you filed for lointed receiver, a custodian, o | | y of your property in the p | possession of an assignee fo | r the benefit of c | reditors, a court- |
| | V | No | | | | | |
| | Ш | Yes | | | | | |
| Part | 5: | List Certain Gifts and Con | tributions | | | | |
| 13. | Wi | thin 2 years before you filed fo | or bankruptcy, did y | ou give any gifts with a to | otal value of more than \$600 | per person? | |
| | ✓ | No Yes. Fill in the details for eac | h gift. | | | | |
| | | Gifts with a total value of mo per person | ore than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |
| | | Person to Whom You Gave the | Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |

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| ebtor 1 | Mary | G | Garcia | Case number (if known) | |
|----------|--|--|---|---|------------------------|
| | First Name | Middle Name | Last Name | . , | |
| | | | | | |
| Wi | thin 2 years before you | ı filed for bankruptcy, d | id you give any gifts or contributions | with a total value of more than \$60 | 0 to any charity? |
| ✓ | No | | | | |
| Ľ | 4 | f | 41 | | |
| | Yes. Fill in the details | for each gift or contribu | JUON. | | |
| | Gifts or contributions | s to charities | Describe what you contributed | Date you | Value |
| | that total more than | \$600 | | contributed | |
| | | | | | |
| | Charity's Name | | - | | |
| | Orianty 5 Name | | | | |
| | | | _ | | |
| | Number Street | | _ | | |
| | Number Street | | | | |
| | City Sta | ate Zip Code | _ | | |
| | Oily Oil | 2.p 0000 | | | |
| t 6: | List Certain Losses | 3 | | | |
| | | | | | |
| | Yes. Fill in the details. Describe the propert how the loss occurre | ty you lost and | Describe any insurance covera | ce has paid. List loss | Value of property lost |
| | | | pending insurance claims on line A/B: Property. | 33 of <i>Schedule</i> | |
| | | | | | |
| | | | | | |
| rt 7: | List Certain Payme | nte or Transfore | | | |
| ✓ | No Yes. Fill in the details. | | | | |
| | | | Description and value of any protection transferred | roperty Date payment or transfer was made | t Amount of payment |
| | Semrad Law Firm | | | 3/14/2018 | payment |
| | Person Who Was Paid | | Attorney's Fee - 1163.00 | | \$1163.00 |
| | | | Attorney's Fee - 1163.00 | | |
| | 11101 S. Western Ave | | Attorney's Fee - 1163.00 | | |
| | 11101 S. Western Ave Number Street | | Attorney's Fee - 1163.00 | | |
| | | | Attorney's Fee - 1163.00 | | |
| | Number Street | nue | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin | nue nois 60643 | Attorney's Fee - 1163.00 | | |
| | Number Street | nue nois 60643 | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin City Sta | nois 60643 ate Zip Code | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin | nois 60643 ate Zip Code | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin City Sta Email or website addre | nois 60643 ate Zip Code | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin City Sta Email or website addre | nois 60643 ate Zip Code | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin City Sta Email or website addre | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid Number Street | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid | nois 60643 ate Zip Code ess Payment, if Not You | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid Number Street City Sta | nois 60643 ate Zip Code ess Payment, if Not You ate Zip Code | Attorney's Fee - 1163.00 | | |
| | Number Street Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid Number Street | nois 60643 ate Zip Code ess Payment, if Not You ate Zip Code | Attorney's Fee - 1163.00 | | |
| | Chicago Illin City Sta Email or website addre None Person Who Made the Person Who Was Paid Number Street City Sta | nois 60643 ate Zip Code ass Payment, if Not You ate Zip Code | Attorney's Fee - 1163.00 | | |

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| Debtor ¹ | Mary | G | Garcia | Case number (if known) | | |
|---------------------|---|--|--|------------------------|-----------------------------------|------------------------------|
| | First Name | Middle Name | Last Name | | | |
| he | Ip you deal with your cred not include any payment o | litors or to make paym | | half pay or transfer | any property to ar | nyone who promised to |
| | No Yes. Fill in the details. | | | | | |
| | • | | Description and value of any pro transferred | pperty | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | | | | |
| | Number Street | | | | | |
| | City State | Zip Code | - | | | |
| th e Inc | e ordinary course of your l | ousiness or financial a and transfers made as | security (such as the granting of a secur | | | |
| L | Tes. I III II ule details. | | Description and value of propert transferred | | property or ceived or debts pa | Date transfer was made |
| | Person Who Received Tra | ınsfer | - | | | |
| | Number Street | | | | | |
| | City State Person's relationship to y | Zip Code ou | - | | | |
| | Person Who Received Tra | nsfer | | | | |
| | Number Street | | | | | |
| | City State Person's relationship to y | Zip Code ou | - | | | |
| be | thin 10 years before you fineficiary? nese are often called asset-p | | d you transfer any property to a self- | settled trust or simi | lar device of whic | h you are a |
| ∠ | No Yes. Fill in the details. | | | | | |
| _ | • | | Description and value of the pr | operty transferred | | Date transfer was made |
| | Name of trust | | | | | |

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Garcia Debtor 1 Mary Case number (if known) List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred Chase Bank Checking XXXX-10/2017 \$ 0.00 Person Who Was Paid Savings P.O. Box 659732 Number Street Money market Brokerage San Antonio 78265 Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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Garcia Debtor 1 Mary Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Deb | tor 1 | | | 3 | Garcia | Case nu | mber (if known) | |
|------|-------|----------------------|-----------------|------------------|------------------------------|----------------------------|--|--------------------|
| | | First Name | ſ | Middle Name | Last Name | | | |
| 26. | Hav | e you been a party | y in any judici | al or administra | ative proceeding under | any environmental l | aw? Include settlements and orde | rs. |
| | | No | | | | | | |
| | 뇓 | | raile | | | | | |
| | Ш | Yes. Fill in the det | ialis. | | • | | | |
| | | | | • | Court or agency | N | lature of the case | Status of the case |
| | | Case title | | | | | | |
| | | | | | On t Name a | | | Pending |
| | | | | , | Court Name | | | On appeal |
| | | Case number | | ī | NumberStreet | _ | | оп арроа |
| | | | | . - | | | | Concluded |
| | | | | (| City State | Zip Code | | |
| Part | 11: | Give Details Al | out Your B | usiness or Co | nnections to Any Bu | ısiness | | |
| | | | | | • | | | |
| 27. | Witl | hin 4 years before | you filed for b | ankruptcy, did | you own a business or | have any of the follo | wing connections to any business? | • |
| | | ☐ A sole propri | etor or self-en | nnloved in a tra | de, profession, or othe | r activity either full-tir | me or part-time | |
| | | | | - | LC) or limited liability pa | - | THE OF PART WITE | |
| | | | | ility company (L | LC) or inflited liability pa | arthership (LLP) | | |
| | | A partner in a | - | | | | | |
| | | | | | e of a corporation | | | |
| | | An owner of | at least 5% of | the voting or e | quity securities of a cor | poration | | |
| | | No. None of the a | bove applies | Go to Part 12. | | | | |
| | H | | | | details below for each I | nusiness | | |
| | ш | roo. Orlook dir tric | αι αρριγ ασον | | | | Fundayor Idontification us | umbau Da nat |
| | | | | | Describe the nat | ure of the business | Employer Identification no include Social Security no | |
| | | | | | | | | |
| | | Business Name | | | _ | | EIN: | |
| | | | | | _ | | | |
| | | Number Street | | | Name of account | ant ar baakkaanar | Dates business existed | |
| | | City | State | Zip Code | — Name of account | ant or bookkeeper | | |
| | | City | State | Zip Code | | | From To | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the nat | ure of the business | Employer Identification nu | ımber Do not |
| | | | | | | | include Social Security nu | imber or ITIN. |
| | | | | | _ | | EIN: | |
| | | Business Name | | | | | | |
| | | Number Street | | | - | | Dates business existed | |
| | | | | | Name of account | ant or bookkeeper | | |
| | | City | State | Zip Code | _ | | From To | |
| | | - | | · | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | Describe the nat | ure of the business | Employer Identification nu | |
| | | | | | | | include Social Security nu | ımber or ITIN. |
| | | Business Name | | | _ | | EIN: | |
| | | חמווופטס ואמווופ | | | | | | |
| | | Number Street | | | _ | | Dates business existed | |
| | | | | | Name of account | ant or bookkeeper | | |
| | | City | State | Zip Code | | | From To | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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| Debt | tor 1 Mary | | G | Garcia | Case number (if known) |
|-------------------------------|----------------|---|--|-------------------------------|--|
| | First Name | | Middle Name | Last Name | |
| 28. | creditors, or | other parties. | r bankruptcy, did y | ou give a financial stateme | nt to anyone about your business? Include all financial institutions, |
| | Yes. Fill ii | n the details below. | | | |
| | | | | Date issued | |
| | Name | | | MM/DD/YYYY | |
| | Name | | | IVIIVI/DD/1111 | |
| | Number | Street | | _ | |
| | | | | | |
| | City | State | Zip Code | _ | |
| Part | 12: Sign Be | low | | | |
| t | rue and corre | ct. I understand tha ase can result in fir | t making a false sta nes up to \$250,000, | tement, concealing proper | ents, and I declare under penalty of perjury that the answers are try, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | Signature of Debto | | | Signature of Debtor 2 |
| | | J | | | Date |
| | | Date 3/14/2018 | | | |
| | Did you attach | additional pages to | Your Statement of | Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)? |
| [. | √ No | | | | |
| Ì | Yes | | | | |
| | Did you pay or | agree to pay some | ne who is not an at | torney to help you fill out b | ankruptcy forms? |
| [[, | √ No | | | | |
| ָ ֪֞֞֞֞֞֞֝֞֞֜֞֝֞֜֞֝֓֓֞֝֜֝֡ | Yes. Name | of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this information to identify your case: | | | | |
|---|------------|-------------|----------------------|--|
| Debtor 1 | Mary | G | Garcia | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | |
| | | | (State) | |
| Case number (If known) | | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors I information below. | Who Have Claims Secured by Property (Official Forn | n 106D), fill in the |
|----|---|--|---|
| | Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | No. Yes. |
| | Creditor's name: Description of property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and | No. Yes. |
| | | | |

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| Debtor | Mary | G | Garcia | Case number (if |
|---------------------|--------------------------------|---|--|---|
| 1 | First Name | Middle Name | Last Name | known) |
| Part 2: | List Your Unexpired Person | onal Property Leases | | |
| For any information | unexpired personal property le | ease that you listed in S ate leases. Unexpired le | chedule G: Executory C ases are leases that are | Contracts and Unexpired Leases (Official Form 106G), fill in the re still in effect; the lease period has not yet ended. You may .S.C. § 365(p)(2). |
| Des | scribe your unexpired personal | property leases | | Will the lease be assumed? |
| Les | sor's name: | | | □ No □ Yes |
| | cription of leased perty: | | | |
| Les | sor's name: | | | □ No □ Yes |
| | cription of leased perty: | | | |
| Les | sor's name: | | | □ No □ Yes |
| | cription of leased perty: | | | _ |
| Les | sor's name: | | | No Yes |
| | cription of leased perty: | | | |
| Les | sor's name: | | | □ No □ Yes |
| | cription of leased perty: | | | |
| Les | sor's name: | | | □ No □ Yes |
| | cription of leased perty: | | | |
| Les | sor's name: | | | □ No □ Yes |
| | cription of leased perty: | | | |
| Part 3: | Sign Below | | | |
| Unde | | | intention about any pr | operty of my estate that secures a debt and any personal |
| | | | | |
| | /s/ Mary Garcia | | * | |
| Si | gnature of Debtor 1 | | Signa | ature of Debtor 2 |
| Da | ate 3/14/2018 | | Date | |
| | MM/DD/YYYY | | | MM/DD/YYYY |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| In re Mary G Garcia Debtor Debtor Chapter Chapter Chapter Chapter 7 DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows For legal services, I have agreed to accept Prior to the filling of this statement I have received Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) 4. I have not agreed to share the above-disclosed compensation with any other person unless they are |
|---|
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows For legal services, I have agreed to accept Prior to the filling of this statement I have received Balance Due 2. The source of the compensation paid to me was: Other (specify) 3. The source of the compensation paid to me is: Other (specify) |
| DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows For legal services, I have agreed to accept Prior to the filling of this statement I have received Balance Due 2. The source of the compensation paid to me was: Other (specify) 3. The source of the compensation paid to me is: Other (specify) |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) |
| compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due 2. The source of the compensation paid to me was: Other (specify) 3. The source of the compensation paid to me is: Other (specify) |
| Prior to the filing of this statement I have received Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) |
| Balance Due 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) |
| 2. The source of the compensation paid to me was: Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) |
| Debtor Other (specify) 3. The source of the compensation paid to me is: Debtor Other (specify) |
| 3. The source of the compensation paid to me is: Other (specify) |
| Debtor Other (specify) |
| |
| 4. I have not agreed to share the above-disclosed compensation with any other person unless they are |
| members and associates of my law firm. |
| I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |
| 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |
| Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; |
| b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required; |
| c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: |
| |
| CERTIFICATION |
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. |
| 3/14/2018 /s/ Morsheda Hashem |
| Date Signature of Attorney |
| Semrad Law Firm |
| Name of law firm |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1.717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Garcia, Mary G | Case No | |
|-----------|---|--|------------------------------------|
| Debtor(s) | | | |
| | | Chapter. | Chapter7 |
| | VERIFICA | TION OF CREDITOR MAT | RIX |
| knowled | The above named Debtors hereby verify th dge. | at the attached list of creditors is tru | e and correct to the best of their |
| Date: | 3/14/2018 | /s/ Garcia, Mary G Garcia, Mary G | i |
| | | Signature of Debt | for |

TD BANK USA/TARGETCRED PO Box 660170 Dallas, TX, 75266

SWIFT FNDS PO Box 239 Palos Verdes Peninsula, CA, 90274

PORTFOLIO RC 120 Corporate Boulevard Norfolk, VA, 23502

Blatt Hasenmille Leibsker 10 S Lasalle, Ste 2200 Chicago, IL, 60603

CONVERGENT OUTSOURCING 10750 HAMMERLY BLVD #200 Houston, TX, 77043

CAVALRY SPV I LLC c/o BLITT & GAINES P C 661 GLENN AVE Wheeling, IL, 60090

Capital One Bank c/o Blitt & Gaines PC 661 GLENN AVE Wheeling, IL, 60090

Babbus, Demetri 4813 S Racine Apt. 1 Chicago, IL, 60609

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654 IL Tollway PO Box 5544 Chicago, IL, 60608

Midwest Title Loans 2941 W 159th St Markham, IL, 60428

State Farm Auto Claim Central. 2702 Ireland Grove Rd. Bloomington, IL, 61702

IL Secretary of State 2701 S. Dirksen Parkway Springfield, IL, 62723

State Farm PO Box 106171 Atlanta, GA, 30348

Check N Go 2116 W Jefferson St Joliet, IL, 60435

TCF Bank 601 W 14th Street Chicago Heights, IL, 60411

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC, to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I agree to pay The Semrad Law Firm, LLC \$1163.00 in attorney fees plus costs in the amount of \$387.00 to represent my interests in the preparation and filing of my Chapter 7 Petition and Schedules; preparation and attendance of the Section 341 Meeting of Creditors; review of any redemption agreements; review of any reaffirmation agreements; and case administration and monitoring. I further understand and agree that additional professional legal services will result in fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representing Client in Adversary Proceeding.

\$350.00/hr. \$31.00

Adding additional bills

Motion to Reopen and Avoid Lien

\$1000.00

Motion to Reopen

\$350.00 + court costs

I understand that these fees must be paid before such work will be completed. I acknowledge and agree that as the above additional fees constitute post-petition services, they are not dischargeable in my Chapter 7 case.

I also understand that, unless otherwise agreed, my Chapter 7 bankruptcy case will not be filed until I pay the attorney fees in full. As The Semrad Law Firm, LLC will begin to work on my file immediately after entering into this contract; I understand that any and all funds paid are not refundable.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay the balance of any unpaid fees to The Semrad Law Firm, LLC. Any fees owing to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy may be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay unpaid fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw representation in the event that I do not sign a second retainer after filing my case promising to pay said fees or in the event that I do not pay said fees.

I understand that any funds that I am tendering to The Semrad Law Firm, LLC, as part of this advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm. I further understand that it is ordinarily my option to deposit funds with an attorney that shall remain my property as security for future services. However, The Semrad Law Firm, LLC, does not represent clients under such a security retainer because the preparation of a bankruptcy case requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while others may be only ministerial in nature. I further understand that the benefit that I am receiving under this fee arrangement is the commitment of The Semrad Law Firm, LLC, to perform any and all work reasonably necessary to file my case absent any extraordinary circumstances.

As The Semrad Law Firm, LLC, has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC. This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.*

I also understand that, if I am refiling a case with The Semrad Law Firm, LLC, and an audit of the previous case(s) indicate that remaining attorney fees are owed; any initial funds I pay to refile will first be applied to the balance owed on the previous case(s). If client breaches this agreement, client will be responsible for all costs associated with enforcing the terms of this contract including but not limited to court costs and attorney fees.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC, or an agent thereof.

Date: 03/14/2018

_, Mary Garcia

M M , Attorne

*DISCLAIMER

The creditors listed in your bankruptcy petition will receive notice of your bankruptcy filing from the Clerk of the United States Bankruptcy Court. Please be advised that it will be several days before these creditors receive the notice. Therefore, if you are concerned about a particular creditor taking immediate action against you, contact this creditor directly and provide the creditor with a copy of your Notice of Bankruptcy Filing. This is especially important if you are at risk of having you vehicle repossessed, real estate foreclosed, or wages garnished.

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| Debtor 1 Mary | | rcia Case number | (if known) |
|---|--|---|---|
| | estions for Reporting Purposes | ot ivalile | |
| ^{16.} What kind of debts do you have? | "incurred by an individual p No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily b money for a business or inv No. Go to line 16c. Yes. Go to line 17. | rimarily for a personal, family, or h | re debts that you incurred to obtain of the business or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fur No. | | npt property is excluded and administrative secured creditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49✓ 50-99✓ 100-199✓ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | n \$10,000,000,001-\$50 billion |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | n \$10,000,000,001-\$50 billion |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** /s/ Mary Garcia Signature of Debtor 1 I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, 11,12, or of title 11, United States Chapter, and I choose to proceed under Chapter, and | | eed, if eligible, under Chapter 7, 11,12, or 13 der each chapter, and I choose to proceed eone who is not an attorney to help me fill 11 U.S.C. § 342(b). ates Code, specified in this petition. aining money or property by fraud in 100, or imprisonment for up to 20 years, or |
| | Executed on 3/14/2018 MM / DD / | YYYYY Exec | uted on |

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| Fill in this information to identify your case: | | | | |
|---|---------------------------|-------------|----------------------|--|
| Debtor 1 | Mary | | Garcia | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Sankruptcy Court for the: | Northern | District of Illinois | |
| Case number (If known) | - | | (State) | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: | Sign Below | |
|--------------|--|---|
| Did | l you pay or agree to pay someone who is NOT an attorney to h | nelp you fill out bankruptcy forms? |
| V | No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | der penalty of perjury, I declare that I have read the summary at they are true and correct. | and schedules filed with this declaration and |
| x /s. | / Mary Garcia | × |
| Sign | nature of Debtor 1 | Signature of Debtor 2 |
| Dat | e 3/14/2018 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| Debtor | | | Garcia | Case number (if known) | | | |
|---|---|-------------|--------------------------|--|--|--|--|
| , | First Name | Middle Name | Last Name | | | | |
| | thin 2 years before you filed editors, or other parties. No Yes. Fill in the details belo | , | u give a financial state | ement to anyone about your business? Include all financial institutions, | | | |
| | | | Date issued | | | | |
| | Name | | MM/DD/YYYY | _ | | | |
| | Number Street | | - | | | | |
| | City State | Zip Code | - | | | | |
| Part 12 | : Sign Below | | | | | | |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | | |
| | Signature of De | btor 1 | | Signature of Debtor 2 | | | |
| | Date 3/14/201 | 8 | | Date | | | |
| Did | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | | |
| ☑ □ | No Yes | | | | | | |
| Did | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | | | |
| V | ✓ No | | | | | | |
| 口 | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |

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| Debto | r Mary | | Garcia | Case number (if | | | |
|--|--|---|-----------------------|--|--|--|--|
| 1 | First Name | Middle Name | Last Name | known) | | | |
| Part 2: | List Your Unexp | pired Personal Property Lease | s | | | | |
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | | | | | | | |
| De | escribe your unexpir | red personal property leases | | Will the lease be assumed? | | | |
| Le | essor's name: | | | □ No □ Yes | | | |
| Des pro | escription of leased operty: | | | | | | |
| | essor's name: | | | □ No □ Yes | | | |
| | escription of leased operty: | | | | | | |
| | essor's name: | | | □ No □ Yes | | | |
| | escription of leased operty: | | | _ | | | |
| | essor's name: | | | □ No □ Yes | | | |
| | escription of leased operty: | | | | | | |
| Le | essor's name: | | | □ No □ Yes | | | |
| | escription of leased operty: | | | - | | | |
| Le | essor's name: | | | □ No □ Yes | | | |
| | escription of leased operty: | | | - | | | |
| Le | essor's name: | | | □ No □ Yes | | | |
| | escription of leased operty: | | | | | | |
| Part 3: | Sign Below | | | | | | |
| | | ry, I declare that I have indicated r t to an unexpired lease. | ny intention about ar | y property of my estate that secures a debt and any personal | | | |
| | /s/ Mary Garcia Signature of Debtor 1 | May Carcia | x | ignature of Debtor 2 | | | |
| 1 | Date 3/14/2018 MM/DD/YYYY | | C | ate MM/DD/YYYY | | | |

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UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re: | Garcia, Mary | Case No. | | | | | | | |
|--------|---|---|----|--|--|--|--|--|--|
| | Debtor(s) | | | | | | | | |
| | | Chapter. Chapter7 | | | | | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | | | | |
| | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | | | | | |
| Date: | 3/14/2018 | /s/ Garcia, Mary Garcia, Mary Signature of Debtor | ne | | | | | | |

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| Debtor 1 | | | Garcia | Case number | (if known) | 1 | | |
|------------------------|---|--|--|-------------------------------|------------|-------------------------|------|------------------------------|
| | First Name | Middle Name | Last Name | Column A Debtor 1 | | Column B Debtor 2 or | | |
| | | | | | | non-filing spous | е | |
| Do no | ployment compensa of enter the amount if the Social Security Ac | you contend that the amour | nt received was a benefi | \$ <u>0.00</u> | | - | _ | |
| For yo | ou | | \$0.00 | | | | | |
| For yo | our spouse | | \$0.00 | | | | | |
| | on or retirement inc it under the Social Sec | ome. Do not include any arcurity Act. | nount received that was | s a \$0.00 | | - | | |
| amou paym intern | nt. Do not include any ents received as a vict | purces not listed above.Sp y benefits received under the im of a war crime, a crime a grorism. If necessary, list oth w. | Social Security Act or gainst humanity, or | е | | | | |
| Other | Government Assistan | ce | | \$700.00 | | | _ | |
| Total | amounts from separa | te pages, if any. | | +\$0.00 | | + | | |
| 11. Cal | culate your total cui | rent monthly income. Add | l lines 2 through 10 for | \$1,900.00 | + | | _ = | \$1,900.00 |
| | umn. Then add the to | tal for Column A to the total | for Column B. | | | | | |
| | | | | | | | | Total current monthly income |
| Part 2: | Determine Wheth | ner the Means Test Ap | plies to You | | | | | o |
| 12. Calc | ulate your current m | onthly income for the yea | r. Follow these steps: | | | | | |
| 12a. (| Copy your total curren | t monthly income from line | 11. | | Copy line | e 11 here → | | \$1,900.00 |
| | Multiply by 12 (the nu | mber of months in a year). | | | | | | X 12 |
| 12b. | The result is your ann | ual income for this part of th | e form. | | | 1 | 2b. | \$22,800.00 |
| 13 Calcu | ılate the median fan | nily income that applies to | vou. Follow these ste | ps: | | | | |
| | the state in which you | | Illinois | | | | | |
| | the number of people | | 5 | | | | | |
| Fill in | the median family inc | ome for your state and size | of | | | 1 | 3. g | 102,872.00 |
| house To fin | | nedian income amounts, go | online using the link s | pecified in the separate | | | | |
| instru | ctions for this form. T | his list may also be available | | | | | | |
| - | do the lines compa | | | | | | | |
| 14a. | | nan or equal to line 13. On t | ne top of page 1, check | k box 1, There is no presump | tion of ab | use. | | |
| 14b. | | than line 13. On the top of fill out Form 122A-2. | page 1, check box 2, T | he presumption of abuse is d | etermined | by Form 122A-2 | | |
| Part 3: | Sign Below | | | | | | | |
| | | | | | | | | |
| By s | igning here, I declare | under penalty of perjury that | the information on this | s statement and in any attach | ments is t | rue and correct. | | |
| 10 | | Mary Dans | 1 0 | 10 | | | | |
| 1.00 | /s/ Mary Garcia Signature of Debtor 1 | To my Dund | M | Signature of Debtor 2 | | | | |
| | | J | | | | | | |
| L | Date 3/14/2018 MM/DD/YYYY | | | Date 3/14/2018 MM/DD/YYYY | | | | |
| | | do NOT fill out or file Form , fill out Form 122A-2 and fi | | | | | | |